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JUL 22 2002

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SKJERVEN MORRILL MACPHERSON LLP
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SAN JOSE, CA 95110

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EXPRESS MAIL LABEL NO.:

EV 180327979 US

09/079,703

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/079,703	05/15/1998	RONALD S MAYNARD	16436-709	8633

TITLE OF INVENTION: THIN-FILM SHAPE MEMORY ALLOY ACTUATORS AND PROCESSING METHODS

TOTAL CLAIMS	APPLX. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
24	nonprovisional	YES	\$640	\$0	\$640	07/22/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
SERKE, CATHERINE	3763	604-093030

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.303). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Skjerven Morrill LLP

2. _____

3. _____

5. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

6a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 4

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by check the required fee(s), or credit any overpayment, to Deposit Account Number 19-2-300 (enclose an entire copy of this form).

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(Authorized Signature)

James E. Parsons, Reg. No. 34,691

7/22/02

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